

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

60054432

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                 |                               |                                       |   |                 | SMALL ENTITY TYPE OR |                        |    | OTHER THAN<br>SMALL ENTITY |                        |
|--|--|---|-----------------|-------------------------------|---------------------------------------|---|-----------------|----------------------|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS   |  |   | 19              |                               | · · · · · · · · · · · · · · · · · · · | e" .  |                 | RATE                 | FEE                    |    | RATE                       | FEE                    |
| FOR  |  |   | NUMBER FILED    |                               | NUMB                                  | ER EXTRA                                      |                 | BASIC FEE            | 370.00                 | OR | BASIC FEE                  | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | /9 minus 20=    |                               | * B                                   |   |                 | X\$ 9=               |                        | OR | X\$18=                     | D                      |
| IND  | EPENDENT CL                                    | AIMS                                      | # minus 3 =     |                               | * /                                   |   |                 | X42=                 |                        | OR | X84=                       | 811                    |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT          |                               |                                       |   |                 | +140=                |                        | OR | +280=                      | A                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                 |                               |                                       | column 2                                      | ı               | TOTAL                |                        | OR | TOTAL                      | 824                    |
| CLAIMS AS AMENDED - PART II  |  |   |                 |                               |                                       |   |                 | OTHER THAN           |                        |    |                            |                        |
|  |  | (Column 1)<br>CLAIMS                      | (Colur<br>HIGH  |                               |                                       |   | )<br>7          | SMALL                |                        | OR | SMALL                      |                        |
| <b>AMENDMENT A</b>   | g<br>Algent                                    | REMAINING<br>AFTER<br>AMENDMENT           | an ARI          | NUM<br>PREVI                  | BER<br>OUSLY                          | PRESENT<br>EXTRA                              |                 | RATE                 | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus           | **                            |                                       | =   | ] ]             | X\$ 9=               |                        | OR | X\$18=                     |                        |
|  | Independent                                    | *   | Minus           | ***                           | T OL ALL                              | =   |                 | X42=                 |                        | OR | X84=                       |                        |
|  | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEP     | ENDEN                         | CLAIM                                 |   | ]               | +140=.               |                        | OR | +280=                      |                        |
|  |  |   |                 |                               |                                       |   |                 | TOTAL<br>ADDIT. FEE  |                        | OR | TOTAL<br>ADDIT, FEE        |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                 |                               |                                       |   |                 | ADDII. FEE           |                        |    | ADDII. FEE                 |                        |
| AMENDMENT B  | <b>. E</b>                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID |                                       | PRESENT<br>EXTRA                              |                 | RATE                 | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus           | **                            |                                       | =   | ]               | X\$ 9=               |                        | OR | X\$18=                     |                        |
|  | Independent                                    | *   | Minus           | ***                           |                                       |   | 4               | X42=                 |                        | OR | X84=                       |                        |
|  | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEP     | ENDEN                         | CLAIM                                 |   | ┚┃              | +140=                |                        | OR | +280=                      |                        |
|  |  |   |                 |                               |                                       |   | l               | TOTAL<br>ADDIT. FEE  |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|  |  | (Column 1)                                |                 | (Colu                         | mn 2)                                 | (Column 3)                                    |                 | ADDII. 1 22 •        |                        |    | ADDII. 1 CL                |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA                              | $\bigg]  \big[$ | RATE                 | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus           | **                            |                                       | =   | ▋┃              | X\$ 9=               |                        | OR | X\$18=                     |                        |
|  | Independent                                    | *   | Minus           | ***                           | T CLAIM                               | <u>  =                                   </u> | ┨╏              | X42=                 |                        | OR | X84=                       |                        |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                               |                                       |   |                 | +140=                |                        | OR | +280=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |  |   |                 |                               |                                       |   |                 |                      |                        | OR | TOTAL                      |                        |
| **   | If the "Highest Nu                             | mber Previously Pa<br>aber Previously Pa  | aid For" IN THI | S SPACE                       | is less that                          | an 3, enter "3."                              | •               |                      | propriate box          |    | ADDIT. FEE<br>Numn 1.      | ***                    |